

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Row 1  Administrative Data	Reporter Name  <b>Jennifer Greminger</b>	Submission date. <b>May 30, 2018</b>	Contact person (if different than reporter)  <b>Lee Ann Pfeider</b>	Internal ID <b>13292446</b>
	Address <b>Monsanto Company 800 N Lindbergh Blvd. St. Louis, MO 63167</b>		Address <b>The Scotts Miracle-Gro Company 14111 Scottslawn Rd Marysville, OH 43041</b>	
	Phone # <b>(314) 694-1538</b>		Phone # <b>(937) 644-7303</b>	
	Incident Status: New <input checked="" type="checkbox"/> Update___ If update, include date of original submission.	Location and date of incident. (City, County, State) <b>State: Ohio Date: 4/19/2018</b>	Date registrant became aware of incident. <b>May 2018</b>	Was incident part of larger study? Y___ N <input checked="" type="checkbox"/> U___
Row 2  Pesticide(s) Involved	<b>EPA Registration # (Product 1)</b>  <b>71995-36</b>	<b>EPA Registration # (Product 2)</b>	<b>EPA Registration # (Product 3)</b>	
	A.I. (s) <b>Glyphosate Triclopyr</b>	A.I. (s)	A.I. (s)	
	Product 1 Name <b>Roundup Poison Ivy &amp; Tough Brush Killer</b>	Product 2 Name	Product 3&4 Name	
	Exposed to concentrate prior to dilution? Y___N___U___ <input checked="" type="checkbox"/> NA___	Exposed to concentrate prior to dilution? Y___N___U___NA___	Exposed to concentrate prior to dilution? Y___N___U___NA___	
	Formulation	Formulation	Formulation	
Row 3  Incident Circumstances	Evidence label directions were not followed? Yes___No___ <input checked="" type="checkbox"/> U___ Intentional misuse___ <b>No</b>  Applicator certified PCO? Yes No U <input checked="" type="checkbox"/>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway). <b>unknown</b>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <b>See incident report (next page)</b>	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <b>See incident report (next page)</b>	Brief description of incident circumstances. <b>See incident report (next page)</b>		

# FIFRA 6(a)(2) Reports

USA RoundUp Monthly Report

Part of -001

Reporting Period: April 1, 2018 to May 1, 2018

**13292446***\*Personal privacy information\**

Cust. Name: [REDACTED] Received: 04/19/2018  
11:44:01  
Address 1: 28 [REDACTED] Company Name:  
Address 2: Job Title:  
City, State, Zip: Chillicothe,  
OH 45601-8737 Country: USA  
Phone: [REDACTED] Email Address: Not  
Provided

## Issue 1

Description: **ALLEGED HUMAN INJURY COMPLAINT**

EPA Reg #: 71995-36 Product Description: Poison Ivy &  
Tough Brush Killer

Severity Code: Partner Lot #: NOT AVAILABLE  
to establish

Active Ingredient: Glyphosate & Triclopyr

Details: I got some spray in my eye last July and just went to the doctor and I have scarring. There was a small hole in the wand and when I pumped it up it sprayed out of that hole and onto my goggles. It ran down my goggles into my eye. I got my eye washed out. I finally got a doctors appointment in August and the doctor said that the pupil will not dilate and there is scarring from a chemical burn in the eye as well. I am looking for enough money to pay for my glasses and my x-rays and exams. It would be around \$800.